

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doc's Limo

Application for a Class C Non Emergency from
Linda K Nartin dba Doves Eyes Transport Service
LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Linda K Martin

Telephone: 803-556-7323

Address: 102 Majestic Drive

Fax: _____

Columbia SC 29223

Other: _____

Email: kiyomartin@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

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AUG 19 2021
PSC SC
MAIL / DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: August 8, 2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Doves Eyes Transport Service LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
102 Majestic Drive, Columbia SC 29223
Street Address of Applicant
Mailing Address of Applicant (if different from street address)
803-784-4847 803-556-7323 ^{dm}
Phone Fax
kiyomartin@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles	29,882.50	Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	8,817.10
Cash in Bank	30,000	Other Liabilities or Debts	
Value of Other Assets and Equipment	1,800	Total Liabilities	x 8,817.10
Total Assets	61,682.50		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Types of Charge	Weekday Business Hours	Weekends & Off Hours	Holidays
Ambulatory -	Base Rate \$25 - \$30	\$30 - \$40	\$35 - \$45
Wheelchair -	Base Rate \$45 - \$50	\$75 - \$90	\$85 - \$100
Additional Fees -			
Mileage Fees -	\$3 - \$5 per mile	\$5 - \$7 per mile	\$5 - \$10 per mile
Wait-time Fees (per 30 mins) -	\$15 - \$30	\$20 - \$40	\$25 - \$50
Additional Attendant Fees -	\$5 - \$10	\$5 - \$10	\$5 - \$10

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Doves Eyes Transport Service LLC

Name of Applicant

102 Majestic Drive Columbia SC 29223

Address of Applicant

Amount of Premium:

Liability Insurance \$ 8,817.10

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

American Business Insurance Services Inc.

Name of Insurance Company

32107 Lindero Canyon Road Suite 120 Westlake Village, CA 91361

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



IPFS Payment Schedule -...



IPFS CORPORATION
 777 SOUTH FIGUEROA STREET
 SUITE 300
 LOS ANGELES, CA 90017
 (866)412-1821 FAX: (213)457-1915

Agent
AMERICAN BUSINESS INSURANCE
 32107 LINDERO CANYON RD
 STE 120
 WESTLAKE VILLAGE, CA 91361-4294
 (818)889-0006

Insured
Doves Eyes Transportation Service L
 102 Majestic Dr
 Columbia, SC 29223-7742
 (803)556-7323

Quote Number: 16582223

Date: 7/29/2021

Payment Schedule

Payment	Amount	Due Date	Principal	Interest	Balance
1	\$711.33	8/28/2021	\$640.78	\$70.55	\$6,078.42
2	\$711.33	9/28/2021	\$647.51	\$63.82	\$5,430.91
3	\$711.33	10/28/2021	\$654.31	\$57.02	\$4,776.60
4	\$711.33	11/28/2021	\$661.18	\$50.15	\$4,115.42
5	\$711.33	12/28/2021	\$668.12	\$43.21	\$3,447.30
6	\$711.33	1/28/2022	\$675.13	\$36.20	\$2,772.17
7	\$711.33	2/28/2022	\$682.22	\$29.11	\$2,089.95
8	\$711.33	3/28/2022	\$689.39	\$21.94	\$1,400.56
9	\$711.33	4/28/2022	\$696.62	\$14.71	\$703.94
10	\$711.33	5/28/2022	\$703.94	\$7.39	\$0.00

For further assistance, please contact the Branch office listed above.

(This is not an offer to extend financing, but is merely an example of transaction and payment terms that may be made available through IPFS CORPORATION (IPFS); all proposed transactions remain subject to acceptance by IPFS and only upon IPFS issuance of a written notification of acceptance.)

X IPFS Payment Schedule -...



IPFS CORPORATION
777 SOUTH FIGUEROA STREET
SUITE 300
LOS ANGELES, CA 90017
(866)412-1821 FAX: (213)457-1915

Agent
AMERICAN BUSINESS INSURANCE
32107 LINDERO CANYON RD
STE 120
WESTLAKE VILLAGE, CA 91361-4294
(818)889-0006

Insured
Doves Eyes Transportation Service L
102 Majestic Dr
Columbia, SC 29223-7742
(803)556-7323

Quote Number: 16582228

Date: 7/29/2021

Payment Schedule

Payment	Amount	Due Date	Principal	Interest	Balance
1	\$206.34	8/28/2021	\$188.38	\$17.96	\$1,774.88
2	\$206.34	9/28/2021	\$190.10	\$16.24	\$1,584.78
3	\$206.34	10/28/2021	\$191.84	\$14.50	\$1,392.94
4	\$206.34	11/28/2021	\$193.59	\$12.75	\$1,199.35
5	\$206.34	12/28/2021	\$195.37	\$10.97	\$1,003.98
6	\$206.34	1/28/2022	\$197.15	\$9.19	\$806.83
7	\$206.34	2/28/2022	\$198.96	\$7.38	\$607.87
8	\$206.34	3/28/2022	\$200.78	\$5.56	\$407.09
9	\$206.34	4/28/2022	\$202.62	\$3.72	\$204.47
10	\$206.34	5/28/2022	\$204.47	\$1.87	\$0.00

For further assistance, please contact the Branch office listed above.

(This is not an offer to extend financing, but is merely an example of transaction and payment terms that may be made available through IPFS CORPORATION (IPFS); all proposed transactions remain subject to acceptance by IPFS and only upon IPFS issuance of a written notification of acceptance.)

POLICY NUMBER: AU2021TLP09098

COMMERCIAL AUTO
CA 21 89 12 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****SOUTH CAROLINA
SPLIT UNINSURED MOTORISTS LIMITS**

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, South Carolina, this endorsement modifies such insurance provided under the following:

SOUTH CAROLINA UNINSURED MOTORISTS COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy on the inception date of the policy unless another date is indicated below.

Named Insured: Doves Eyes Transportation Service LLC

Endorsement Effective Date: 07/28/2021

SCHEDULE

"Bodily Injury":	\$ 25,000	Each Person
	\$ 50,000	Each "Accident"
"Property Damage":	\$ 25,000	Each "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

Paragraph D. Limit Of Insurance is replaced by the following:

D. Limit Of Insurance

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", if "bodily injury" or "property damage" is sustained in an "accident" by an individual Named Insured or any "family member" while "occupying" a covered "auto":
 - a. The most we will pay for all damages resulting from "bodily injury" sustained by any one person caused by that "accident", including all damages claimed by any person or organization for care, loss of services or death, is the sum of:
 - (1) The each person Limit Of Insurance shown in the Schedule for "bodily injury" for this coverage that applies to that covered "auto"; and
 - (2) That part of the each person limit for "bodily injury" on each additional covered "auto" that does not exceed the Limit of Insurance applicable to the covered "auto" involved in the "accident".
 - b. Subject to this limit for each person, the most we will pay for all damages resulting from "bodily injury" sustained in that "accident" is the sum of:
 - (1) The each "accident" Limit Of Insurance shown in the Schedule for "bodily injury" for this coverage that applies to that covered "auto"; and
 - (2) That part of the each "accident" limit for "bodily injury" on each additional covered "auto" that does not exceed the Limit of Insurance applicable to the covered "auto" involved in the "accident".

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto, Light Or Medium Truck	\$
			\$
Premium For Endorsements			\$
Estimated Total Premium*			\$ 8,399
*This Policy may be subject to final audit.			

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number: See Extension of Declarations						
Town And State Where The Covered Auto Will Be Principally Garaged: Columbia, SC						
Territory - 01						
Covered Auto Description						
Year:	Model:		Trade Name:			
Body Type:			Serial Number(s):			
Vehicle Identification Number (VIN):						
Classification						
Original Cost New	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVWR, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
\$						5719
Except For Towing And Labor, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:						

ITEM TWO**Schedule Of Coverages And Covered Autos**

This Policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit Or Deductible	Premium
Covered Autos Liability	10	\$ 1,000,000	\$ 8.383
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident	\$
Auto Medical Payments		\$ Each Insured	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	10	\$ See Endorsement	\$ 16
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$



New_York_Marine_Policy_...



IL P 001 01 04

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Page 1 of 1

POLICY NUMBER: AU2021TLP09098

COMMERCIAL AUTO
CA DS 03 11 20**BUSINESS AUTO DECLARATIONS****ITEM ONE**

Company Name: New York Marine & General Ins Co	
Producer Name: American Business Insurance Services Inc.	
Named Insured: Doves Eyes Transportation Service LLC	
Mailing Address: 102 Majestic Dr Columbia SC 29223	
Policy Period	
From: 07/28/2021	
To: 07/28/2022	At 12:01 AM Standard Time at your mailing address shown above
Previous Policy Number: New	

Form Of Business:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Individual
<input type="checkbox"/> Other:	

In return for the payment of the premium, and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy.

Premium Shown is Payable At Inception: \$ 8,399
Audit Period (# applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 - Broad Form Nuclear Exclusion (not applicable in New York) (IL 01 98 in Washington)
See IL00120711

Exhibit Fit, Willing, and Able (FWA)

Linda K Martin

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

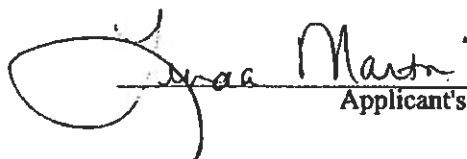
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

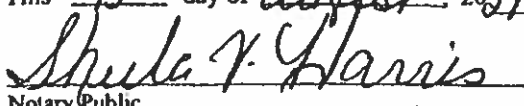
- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

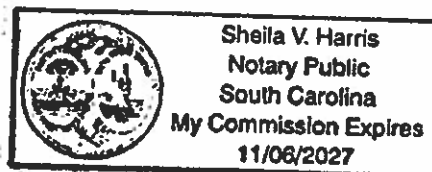
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 15 day of August 2021

Notary Public
Commission Expires 11/06/2027



Print Application

Business Entities Online

File, Search, and Retrieve Documents Electronically

DOVES EYES TRANSPORT SERVICE, LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 07/22/2021

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: Inc Authority RA

Address: 201 Sigma Dr., Ste 300
Summerville, South Carolina 29486

Official Documents On File

Filing Type	Filing Date
Articles of Organization	07/22/2021

Filing ID: 210722-1521215

Filing Date: 07/22/2021

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name)

DOVES EYES TRANSPORT SERVICE, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
102 Majestic Dr

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

3. The initial agent for service of process is

Inc Authority RA

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
201 Sigma Dr., Ste 300

(Street Address)

Summerville

South Carolina 29486

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Linda Martin

(Name)

102 Majestic Dr

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

DOVES EYES TRANSPORT SERVICE, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Linda Martin

(Name)

102 Majestic Dr

(Street Address)

Columbia, South Carolina 29223

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed

--

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

DOVES EYES TRANSPORT SERVICE, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Linda Martin

Signature of Organizer

Date: 07/22/2021

Signature of Organizer

Date:

7/22/21